

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Margaret Sieffert  
 UEPD Region 5  
 Air + Radiation Division  
 Air Toxics and Assessment  
 77w. Jackson Blvd. (AT-R1)  
 Chicago, IL 60604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

FEB 07 2018

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

Branch

3. Service Type

- ☒ Certified Mail® ☐ Priority Mail Express™  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
 (Transfer from service label)

7013 0600 0002 4031 9358

PS Form 3811, July 2013

Domestic Return Receipt